

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

MICHAEL BROWN, SR., AND LESLEY)
McSPADDEN,)
)
Plaintiffs,)
) Cause No: 4:15-cv-00831-ERW
vs.)
)
CITY OF FERGUSON, MISSOURI,) **JURY TRIAL DEMANDED**
FORMER POLICE CHIEF THOMAS)
JACKSON, AND FORMER POLICE)
OFFICER DARREN WILSON,)
)
Defendants.)

***DEFENDANTS' FIRST SET OF INTERROGATORIES DIRECTED
TO PLAINTIFF LESLEY MCSPADDEN***

COME NOW Defendants City of Ferguson, Missouri, Former Police Chief Thomas Jackson, and Former Police Officer Darren Wilson, and for their First Set of Interrogatories to Plaintiff Lesley McSpadden, state:

1. Please state:
 - A. The name and address of the person or persons answering these Interrogatories;
 - B. His/her relationship to plaintiff; and
 - C. His/her position of employment.

ANSWER:

2. Please state the following regarding Plaintiff and the Decedent:
 - A. Full name;
 - B. Gender;
 - C. Name of spouse and date of marriage;
 - D. Any other names by which Plaintiff/Decedent has been known;
 - E. Age and date of birth;
 - F. Social security number;
 - G. Present address;

- H. Any other addresses at which Plaintiff/Decedent has lived during the past five years;
- I. The inclusive dates for which Plaintiff/Decedent lived at any such address;
- J. The names and addresses of all persons with whom Plaintiff/Decedent lived at any such address, and the inclusive dates of each residency;
- K. Present employer's name, address, place and position of employment;
- L. Spouse's present employer's name, address, and position of employment;
- M. Plaintiff's/Decedent's previous employers' names for the past five (5) years and the dates of employment there;
- N. The highest grade of formal schooling that Plaintiff/Decedent completed, the institution at which it was completed, and any certificates or degrees received including any vocational or specialized education or training in a trade, business, or the military;
- O. Any schools attended by Decedent for which he did not graduate and the dates of attendance;
- P. Each reason for Plaintiff/Decedent leaving any such school to attend a different school;
- Q. Whether Plaintiff/Decedent has any kind criminal record, including juvenile court record, have ever been convicted of or pled guilty to a crime consisting of a misdemeanor or felony and, if so, the offense for which convicted, or to which a guilty plea was entered, the cause number of the matter, any transcripts from the proceedings, any statements given with respect to the proceedings, the results of the proceedings, the date of conviction or plea, the name and address of the court where the proceedings occurred, and the dates of the events described in response to the above; and
- R. Whether either has ever served in the Armed Forces of the United States or of a foreign country.

ANSWER:

- 3. Are you aware of any statement made by Defendants (or any of Defendants' agents, servants, employees or representatives) regarding the occurrence mentioned in the Complaint, whether oral, written or recorded in any way, including, but not limited to, a stenographic, mechanical, electrical, audio, video, motion picture, photograph, or other recording, or transcription thereof, and if so, state the following:
 - A. Date, place and time taken;
 - B. Names and addresses of all persons connected with taking it;
 - C. Names and addresses of all persons present at the time it was taken;
 - D. Whether the statement was oral, written, shorthand, recorded, taped, etc.;
 - E. Was it signed?
 - F. Names and addresses of the persons or organizations under whose direction and upon whose behalf it was taken or made; and
 - G. Please attach an exact copy of the original of said statement, interview, report, film or tape to your Answers to these Interrogatories; if oral, please state verbatim the contents thereof.

ANSWER:

4. State whether Plaintiff has made statements to anyone other than your attorney, including, but not limited to, news agencies or media outlets, regarding the occurrence mentioned in the Complaint, whether oral, written, or recorded in any way, and if so, state the following:
 - A. Date, place and time taken;
 - B. Names and addresses of all persons connected with taking it;
 - C. Names and addresses of all persons present at the time it was taken;
 - D. Whether the statement was oral, written, shorthand, recorded, taped, etc.;
 - E. Was it signed?
 - F. Names and addresses of the persons or organizations under whose direction and upon whose behalf it was taken or made; and
 - G. Please attach an exact copy of the original of said statement, interview, report, film or tape to your Answers to these Interrogatories; if oral, please state verbatim the contents thereof.

ANSWER:

5. State whether there exist photographs or videos with respect to the Decedent, or Decedent's injuries or death, following the occurrence mentioned in the Complaint. If so, state the following:
 - A. Describe each photograph or video;
 - B. State the date and time each was taken; and
 - C. State the name, address, employer, insurer and job title of the person presently having control or custody of each photograph, video or movie.

ANSWER:

6. State the names and addresses of every person known by Plaintiff, Plaintiff's representatives or Plaintiff's attorneys to have witnessed the occurrence mentioned in the Complaint, or who were present at the scene within four (4) hours of the occurrence. Designate which of such people actually claim to have witnessed the occurrence.

ANSWER:

7. State the name, address and telephone number of every witness known to Plaintiff or Plaintiff's attorneys who either witnessed or have knowledge that any Defendant or any employee of any Defendant acted with malice towards Plaintiff or Decedent or with reckless disregard to any obvious risk of injury to Decedent.

ANSWER:

8. State the names, addresses, and telephone numbers of each and every person known to you who has knowledge of the whereabouts or activities of the Decedent during the twenty-four hours prior to the occurrence mentioned in the Complaint.

ANSWER:

9. State the full name and last known address, number and e-mail of each person who has personal knowledge or claims to have personal knowledge of the alleged injuries and damages that Plaintiff has incurred as a result of the occurrence mentioned in the Complaint.

ANSWER:

10. State the name and address of each physician, medical professional, counselor, and hospital who treated or examined Plaintiff for any injuries (physical and mental) resulting from the occurrence alleged in the Complaint. Please state as to each such physician, medical professional, counselor, and hospital:

- A. Name and address;
- B. The inclusive dates for each visit or consultation;
- C. A description of each problem causing the need for any visit or counseling;
- D. All diagnoses made;
- E. All prognoses made;
- F. All advice or instructions given;
- G. The total cost of treatment and services;
- H. Whether the total cost of treatment and services has been paid; and
- I. The individual or entity who paid for the cost of treatment and services.

ANSWER:

11. Please state the names, ages and addresses of all persons who were in any way dependent upon the Decedent for support of any kind. For each such person, state the amount of support they received from Decedent per month for the last five years.

ANSWER:

12. State whether Plaintiff or any other relative or family member of Decedent has entered into any type of settlement agreement, release, covenant-not-to-sue, covenant-not-to-enforce-judgment, an agreement in the nature of a "Mary Carter Agreement" or an agreement pursuant to Mo. Rev. Stat. § 537.065, a covenant-to-sue, or contract to limit recovery to specified assets, with any person, firm, corporation, insurer, or any other entity relating in any way to the occurrence mentioned in the Complaint. If so, please state the following:

- A. The name and address of the person and/or company from whom said payment was received;
- B. The date said payment was received;
- C. The amount of any such payment;
- D. Whether Plaintiff or other relative or family member of Decedent executed any form of agreement pertaining to said payment and agreement; and
- E. If paid under an insurance policy, state the name of the insurance company, limits of the policy and the effective date of the policy.

ANSWER:

13. Has Plaintiff or Decedent ever made a claim for or received any health or accident insurance benefits, worker's compensation payments, social security benefits, pension, accident compensation payments, or Veteran's disability compensation awards? If your answer is yes, please state for each:
- A. The illness, injury, or injuries for which you made the claim, including percentage of permanent disability, if any;
 - B. The name and addresses of your employer(s) at the time of each injury or illness;
 - C. The name and addresses of the examine doctors for each injury or illness;
 - D. The name of the board, tribunal, or superior officer before which or to whom the claim or claims were made or filed;
 - E. The date the claim was made or filed;
 - F. The claim, file or other number by which the claim was identified; and
 - G. The amount of benefits awards, or payments.

ANSWER:

14. Has Plaintiff or Decedent ever made a claim or filed a suit against any person or entity for recovery of damages other than in this lawsuit? If so, state the name and address of the person or entity, the date the claim or suit was filed; the nature of the injury, whether the claim or suit is presently pending, and the amount of money Plaintiff or Decedent received, if any.

ANSWER:

15. Has Plaintiff or Decedent received any remuneration or compensation of any nature from any source which is related to the subject matter of this lawsuit, including any compensation benefits or settlements with another party or person or entity who potentially could have been a defendant? If your answer is yes, for each said payment, state:
- A. The name of the party making said payment;
 - B. The amount of said payment;
 - C. The date of said payment; and

- D. The name, address, and telephone number of the person having custody of documents relating to such payment.

ANSWER:

16. Were Plaintiff or Decedent disabled and receiving disability benefits from a private or other group health plan?

ANSWER:

17. Please describe the manner and method in which Plaintiff computes the amount of the alleged damages, indicating the elements of damage and identifying all documents upon which you rely in making such computation.

ANSWER:

18. State whether you claim to have lost any pecuniary value from the death of Decedent and, if so, state with specificity the amount claimed to be lost and describe in exact detail how said value was calculated.

ANSWER:

19. Identify and itemize the amount of medical expenses to which Plaintiff claims she is entitled as damages (both charged and paid). In lieu of answering this interrogatory, you may attach copies of all statements, invoices, or bills which you have incurred or paid for such medical expenses.

ANSWER:

20. State whether Decedent's estate is being administered and, if so, state the following:

- A. The name of the estate and file number; and
B. The City, County and State of administration and the name and address of the applicable court.

ANSWER:

21. State the amount of money the Decedent spent on Decedent's own needs on an average monthly basis for a period of five years prior to the date of the Decedent's death.

ANSWER:

22. What were the date, time, and place of Decedent's death and the immediate cause of death?

ANSWER:

23. State whether Decedent possessed or used any drugs or consumed any alcoholic beverages, medication or drugs within an eight hour period prior to the time of the incident in question, and if so, state the names and addresses of the places where said alcoholic beverages, medication or drugs were consumed and describe the quantity and type of drinks, medication or drugs which were consumed in said period of time.

ANSWER:

24. Has Plaintiff or Decedent ever applied for or received any benefits from Medicare, Medicaid, or the Social Security Administration at any time (whether prior to or after the incident that is the subject of this lawsuit)?

ANSWER:

If your answer is yes, identify the date(s) which Plaintiff or Decedent applied for such benefits or the date Plaintiff or Decedent first received benefits from such entity.

ANSWER:

25. Does Plaintiff or Decedent have an existing Medicare or Medicaid lien for treatment of any physical or mental injury which you allege to have been proximately caused by the incident which is the subject of this lawsuit? If so, identify all applicable liens, the amount of the liens and the associated health care providers from whom Plaintiff or Decedent sought treatment.

ANSWER:

26. Identify the name, phone number and address of the Medicare (a) coordination of benefits contractor, or (b) secondary payment recovery contractor representative who is handling Plaintiff's or Decedent's claims.

ANSWER:

27. State the number, address and telephone number of all persons known to Plaintiff or Plaintiff's attorneys having knowledge that any defendant has ever used unnecessary or excessive force against anyone, either before or after the date of the incident described in Plaintiff's Complaint. For each person listed, state the source of or the basis of that witness's knowledge.

ANSWER:

28. State whether or not Plaintiff or Decedent has ever met, encountered or had any prior contact or dealings with any member of the City of Ferguson Police Department or with any individually named defendant in this matter, prior to or since the date of the incident mentioned in Plaintiff's Complaint. If so, state the following:

A. The date of each such contact or encounter;

- B. The nature of each such contact or encounter;
- C. The duration of each such contact or encounter; and
- D. The result or resolution of each such contact or encounter.
- E. The names and addresses of each person who was present at or who witnessed each such contact or encounter.

ANSWER:

29. State whether, other than the date of the occurrence mentioned in the Plaintiff's Complaint, Decedent was ever stopped, detained or arrested by any Police Officer, Sheriff's Deputy or other law enforcement officer, and if so, state the following:

- A. The name of each Police Officer or police agency involved;
- B. The dates, times and places of each such encounter;
- C. The resolution or outcome of each such encounter;
- D. Whether Decedent was handcuffed on any such occasion, and
- E. Whether Decedent was arrested, and if so, on what basis or for what offense was Decedent arrested.

ANSWER:

30. State whether Decedent has been disciplined, suspended, or expelled from any type of schooling institution including, but not limited to, grammar school, high school, college, technical school or trade school and for each incident, please state:

- A. The reasons why Decedent was disciplined, suspended, or expelled;
- B. The relevant date;
- C. The reason why Decedent was disciplined, suspended, or expelled;
- D. If applicable, the length of the suspension;
- E. If applicable, the nature of the discipline that was enforced.

ANSWER:

31. State whether Decedent ever had a Juvenile Officer(s) and if so please state:

- A. The name of any such Juvenile Officer(s);
- B. The dates for which any such Juvenile Officer(s) worked with Decedent;

ANSWER:

32. State whether Decedent has ever been certified as an adult in any court proceedings and if so, please state:

- A. The nature of the court proceedings;
- B. The nature of the charges against Decedent;
- C. The date of any such certification; and

D. The court in which any such certification took place.

ANSWER:

33. State whether Decedent suffered from any mental disability or condition, and for each disability or condition, please state:

- A. The name of the mental disability or condition;
- B. The nature and effects of the mental disability or condition;
- C. The date of diagnosis;
- D. The diagnosing physician; and
- E. Whether Decedent has ever seen a physician or other medical professional in regards to treatment of the disability or condition.

ANSWER:

34. State whether Decedent, on any occasion, ingested, inhaled or otherwise introduced into his body any controlled substance, please state for each occasion:

- A. The date when Decedent smoked, inhaled, or ingested any controlled substance;
- B. Any individuals who were present when Decedent smoked, inhaled, or ingested any controlled substance.

ANSWER:

35. State whether Decedent belonged to any gangs, and for each gang, please state:

- A. The name of the gang;
- B. The date Decedent joined the gang;
- C. The names of any gang members.

ANSWER:

36. Please list and describe any and all funeral expenses incurred by the family of the Decedent and whether or not those bills have been paid, and if so, by whom.

ANSWER:

37. Please state whether, over the last five years, Decedent has been involved in any physical altercation, fight, scuffle, or struggle with any individual. If so, please state:

- A. The date of the physical altercation;
- B. The name(s) of the other individual(s) involved;
- C. Whether Decedent instigated the physical altercation;
- D. The nature of any injuries suffered by the other individual(s) involved in the physical altercation.

ANSWER:

38. Was an autopsy performed on the body of the Decedent? If so, state:
- A. The name, address, and official capacity of each person authorizing or ordering the autopsy;
 - B. Why the autopsy was performed;
 - C. The name and address of the person performing the autopsy;
 - D. The date and time the autopsy was performed; and
 - E. The name and address of each person having custody of the results of the autopsy.

ANSWER:

39. Have you received any income or funds through:
- A. The sale of any merchandise or memorabilia featuring the name or likeness of the Decedent;
 - B. Any public or private appearances, including interviews with the media, in which the Decedent and the incident in question were discussed; or
 - C. Indiegogo campaigns, GoFundMe campaigns, or any other fundraisers in relation to the Decedent and the incident in question?

ANSWER:

40. Have you entered into any agreements regarding attorney's fees and payments?

ANSWER:

41. If you contend that former Ferguson Police Officer Darren Wilson violated substantive due process rights, please state specific facts which indicate how former Ferguson Police Officer Darren Wilson deprived Decedent of constitutional or fundamental rights on August 9, 2014.

ANSWER:

42. If you contend that former Ferguson Police Officer Darren Wilson violated Decedent's right under the Equal Protection clause, please state specific facts which indicate how former Ferguson Police Officer Darren Wilson disparately treated Decedent on August 9, 2014 from other similarly situated individuals.

ANSWER:

43. If you contend that City of Ferguson policies or customs led to the deprivation of constitutional rights, please state specific City of Ferguson laws, ordinances, policies,

customs, or practices which caused former Ferguson Police Officer Darren Wilson to deprive Decedent of constitutional or fundamental rights.

ANSWER:

44. If you contend that City of Ferguson policies or customs led to an Equal Protection violation by former Ferguson Police Officer Darren Wilson, please state specific City of Ferguson laws, ordinances, policies, customs, or practices which caused Ferguson Police Officer Darren Wilson to disparately treat Decedent on August 9, 2014 from other similarly situated individuals.

ANSWER:

45. If you contend violation of constitutional rights by the City of Ferguson, please state specific instances or occurrences, prior to August 9, 2014, when the City of Ferguson gave tacit authorization to, or were deliberately indifferent to, its officers' deprivation of individuals' rights to familial relations with their children. For each instance or occurrence, please state:
- A. The date of the occurrence;
 - B. The City of Ferguson officer(s) involved;
 - C. The name, address, and telephone number of any witness to the occurrence;
 - D. Whether a City of Ferguson law, ordinances, policy, custom, or practice led to the alleged deprivation of the individual's right to familial relations with their children.

ANSWER:

46. If you contend that there have been prior deprivations of constitutional rights by the City of Ferguson, please state specific instances or occurrences, prior to August 9, 2014, when City of Ferguson officials, representatives, or officers allegedly deprived African American individuals of any constitutional or fundamental rights. For each instance or occurrence, please state:
- A. The date of the occurrence;
 - B. The City of Ferguson officials, representaitves, or officers involved;
 - C. The individual whose constitutional rights were violated;
 - D. The constitutional or fundamental right that was violated;
 - E. The name, address, and telephone number of any witness to the occurrence;
 - F. Whether a City of Ferguson law, ordinances, policy, custom, or practice led to the alleged deprivation of a constitutional or fundamental right.

ANSWER:

/s/Peter J. Dunne

Peter J. Dunne #31482
Robert T. Plunkert #62064
PITZER SNODGRASS, P.C.
Attorneys for Defendants City of Ferguson,
Missouri, Former Police Chief Thomas Jackson,
and Former Police Officer Darren Wilson
100 South Fourth Street, Suite 400
St. Louis, Missouri 63102-1821
(314) 421-5545
(314) 421-3144 (Fax)
Email: dunne@pspclaw.com
Email: plunkert@pspclaw.com

A copy of the foregoing was e-mailed, on this 6th day of November, 2015, to the following:

Anthony D. Gray
7710 Carondelet Ave., Suite 303
Clayton, Missouri 63105
agray@johnsongraylaw.com
Telephone: 314-385-9500
Fax: 314-594-2052
Attorney for Plaintiffs

Daryl D. Parks (pro hac vice)
Benjamin L. Crump (pro hac vice)
Jasmine O. Rand (pro hac vice)
240 North Magnolia Drive
Tallahassee, Florida 32301
dparks@parkscrump.com
bcrump@parkscrump.com
jasminerand@parkscrump.com
Telephone: 850-222-3333
Fax: 850-224-6679
Co-Counsel for Plaintiffs

/s/Peter J. Dunne
